

2001 UNIFORM BUSINESS REPORT (UBR)

0002185 AT

DOCUMENT # **A96000000879**

1. Entity Name
DURBIN JACKSONVILLE HOLDINGS LIMITED PARTNERSHIP

FILED

01 JUL 20 AM 8:47

Principal Place of Business
**143 ANCHOR DRIVE
VERO BEACH FL 32963**

Mailing Address
**143 ANCHOR DRIVE
VERO BEACH FL 32963**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

4. FEI Number **65-0684040**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURBIN, JAMES E
143 ANCHOR DRIVE
VERO BEACH FL 32963**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$2,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P06027	STREET ADDRESS	P06027 143 ANCHOR DRIVE
NAME	J&JD, INC.	CITY-ST-ZIP	VERO BEACH FL, 32963
STREET ADDRESS	1420 BEVERLY ROAD, SUITE 330		
CITY-ST-ZIP	MCLEAN VA 22101		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **James E Durbin** **7-12-01** **561-231-4543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)